



Chronic Disease Surveillance Report

IN MONTANA, ADULTS WITH A HOUSEHOLD INCOME OF LESS THAN \$25,000* A YEAR HAVE A SIGNIFICANTLY HIGHER PREVALENCE OF ASTHMA THAN DO ADULTS WITH HIGHER INCOMES

DATA SOURCE: BRFSS, 2011

*THIS VALUE MAY BE HIGHER THAN MOST MEDICAID-QUALIFYING INCOME LEVELS

Montana Asthma Control Program

1400 E Broadway
Helena, Montana 59620-2951
(406) 444-4592

<http://www.dphhs.mt.gov/asthma>



Asthma among adults enrolled in Medicaid

Asthma disproportionately affects lower-income populations

People who live in poverty have a higher prevalence of asthma than people who do not live in poverty.¹ Furthermore, people with asthma who report lower incomes are less likely to have well-controlled asthma and are more likely to use an emergency department (ED) for crisis oriented care than are people with asthma and higher incomes.^{2,3} Lack of regular outpatient care and poorly controlled asthma may lead to activity limitation, missed work days, and increased medical costs which add hardships for a person already on a limited income.

Montana Medicaid provides health care coverage to qualifying low income adults. Adults are eligible for Medicaid if they meet specific financial requirements and are parents, are pregnant, have breast or cervical cancer, aged 65 years or older, or are blind or disabled.⁴ The following report describes asthma prevalence and symptoms among Montana adults aged 18-64 years enrolled in Medicaid. Data are from self-reported information collected during the 2012 Montana Medicaid Health and Chronic Disease Survey (MHCDS).

Survey methods

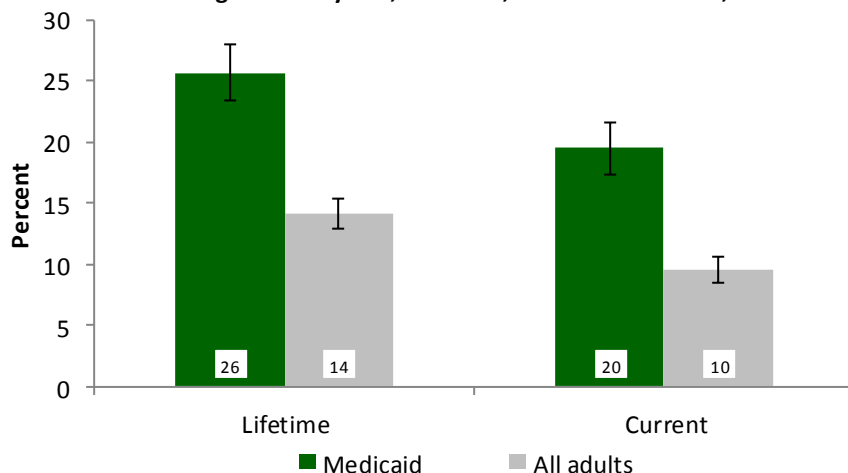
The MHCDS is a telephone survey of adults aged 18-64 years. Participants are recruited randomly from the Montana Medicaid Program. During the MHCDS, participants are asked about their health risks and behaviors. The Behavioral Risk Factor Surveillance System (BRFSS) survey is also a survey of adults aged 18 years and older about health risks and behaviors. During the BRFSS, if an adult indicates that they either had or currently have asthma they are asked to participate in the Asthma Call-Back Survey (ACBS). If they agree, they are called again and asked more in-depth questions about their experience with asthma and their use of specific asthma medications.

Current asthma refers to people who responded 'yes' to 'Has a health care provider ever told you that you have asthma?' and 'Do you still have asthma?'

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Asthma Prevalence

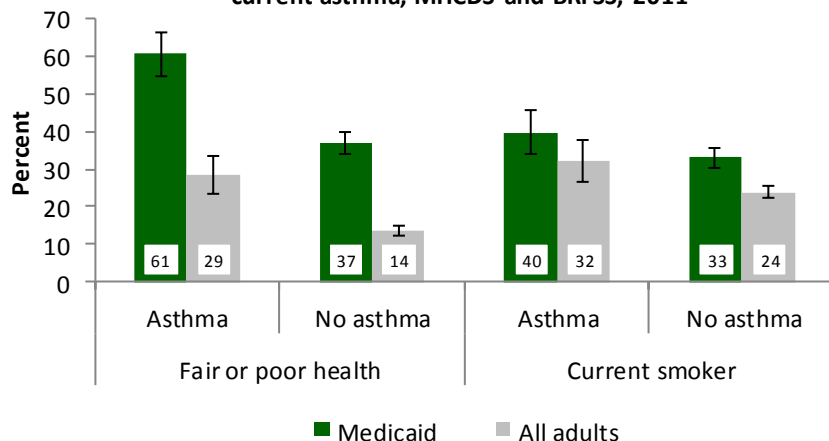
Figure 1. Prevalence of lifetime and current asthma among adults aged 18-64 years, Montana, BRFSS and MHCDS, 2011



More than one in four adults enrolled in Medicaid in Montana reported having an asthma diagnosis in their lifetime, and one in five currently has the disease (Figure 1). Both the lifetime and current prevalence of asthma were significantly higher among adults enrolled in Medicaid than among the general adult population in the state.

Sixty-one percent of adults with asthma enrolled in Medicaid reported their health status was fair or poor (Figure 2). This is 1.5 times higher than for adults enrolled in Medicaid without asthma and twice as high as reported by the general adult population with asthma.

Figure 2. Self-reported quality of life and smoking prevalence of adults aged 18-64 years with and without current asthma, MHCDS and BRFSS, 2011



Tobacco smoke is a common asthma trigger. In spite of this, 40% of Medicaid respondents with asthma and 32% of the general adult population with asthma reported being current smokers (Figure 2).

Note to our readers: If you would no longer like to receive this report or if you would like to receive it electronically, please email jfernandes@mt.gov or call 406-444-9155 to make your request.

References

1. Akinbami LJ, Moorman JE, Bailey C, *et al.* Trends in asthma prevalence, health care use, and mortality in the United States, 2001-2010. *NCHS data brief* 2012; 94:1-8.
2. Gold LS, Smith N, Allen-Ramey FC, *et al.* Associations of patient outcomes with level of asthma control. *Ann Allergy Asthma Immunol* 2012; 109:260-265.
3. Hanania NA, David-Wang A, Kesten S, Chapman KR. Factors associated with emergency department dependence of patients with asthma. *Chest* 1997; 111:290-295.
4. Montana Medicaid Eligibility available at: <http://www.dphhs.mt.gov/hcsd/medicaid.shtml>
5. National Health Lung and Blood Institute. Expert Panel Report 3: Guidelines for the diagnosis and management of asthma., 2007. Available at: <http://www.nhlbi.nih.gov/guidelines/asthma/index.htm>

Health Care Utilization and Asthma Symptoms

Establishing and maintaining asthma control is a primary goal of clinical asthma therapy. Control is assessed based on a person's asthma symptoms and lung function and is classified accordingly (see EPR-3 Guidelines, Figure 3-5c⁵). Adults with asthma enrolled in Medicaid experienced more constant asthma symptoms and more urgent healthcare needs despite receiving preventive care at similar rates as the general adult population with asthma (Figures 3, 4).

- Asthma is a chronic condition that requires regular monitoring. Of adults with asthma more than 80% in both the general population and in the Medicaid population have a personal doctor. About half reported having a routine checkup for asthma in the last year.
- An asthma action plan (AAP) provides a personalized plan for responding to worsening asthma symptoms. There was no significant difference in the frequency of having received an AAP among adults with asthma in the Medicaid population and the general adult population. Less than half of each group had ever been given an AAP.
- Visiting an ED or a health care provider (HCP) for urgent symptoms in the last year was reported twice as often by adults with asthma enrolled in Medicaid as by those in the general population.
- Adults with asthma enrolled in Medicaid had a higher rate of having symptoms every day in the last month than did adults with asthma in the general population.
- Significantly more adults with asthma enrolled in Medicaid missed a day of work due to asthma than did those with asthma in the general adult population.

Figure 3. Self-reported health care utilization among adults aged 18-64 years with current asthma, Montana, ACBS 2006-2010 and MHCDS, 2011

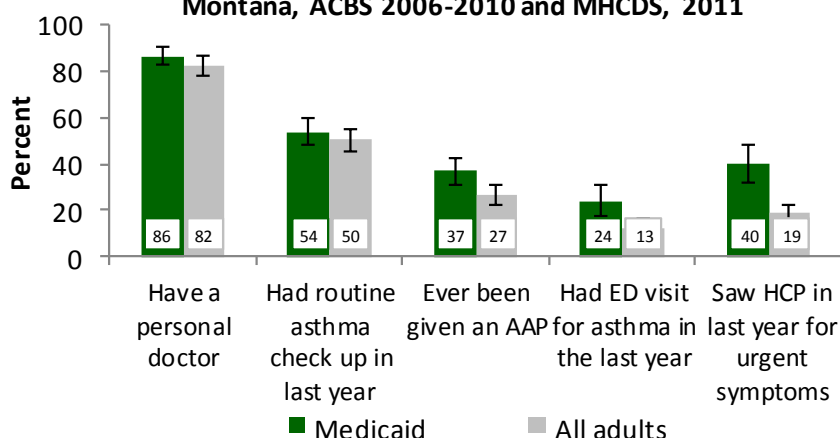
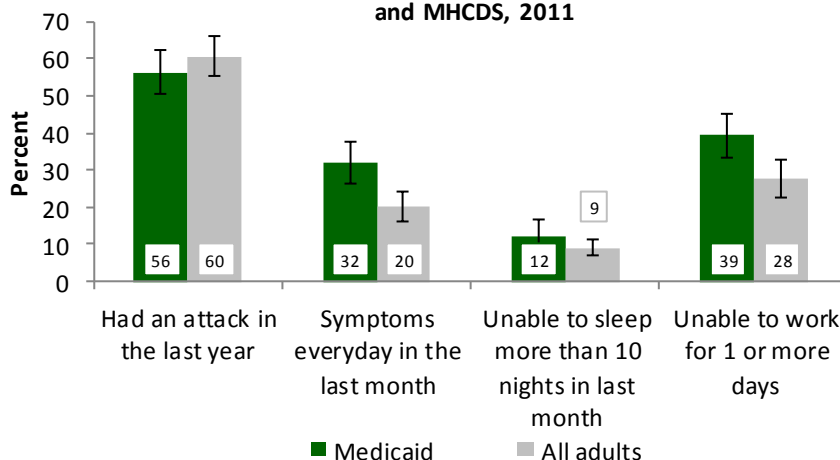


Figure 4. Self-reported asthma symptoms among adults with current asthma aged 18-64 years, Montana, ACBS 2006-2010 and MHCDS, 2011



Providers treating adults with asthma enrolled in Medicaid for their asthma should consider the poorer health status, exposure to tobacco smoke, constant daytime symptoms, and more frequent use of the ED that these patients report.

Chronic Disease Prevention and Health Promotion

BUREAU

1400 E Broadway
Helena, MT 59620-2951

For more information contact:

Jessie Fernandes

Epidemiologist

(406) 444-9155

jfernandes@mt.gov

Clinical Recommendations

- Recall asthma patients at least twice a year for regular review of symptoms, medication, and overall well-being.
- Assess a patient's asthma control at each visit and make adjustments to medication based on the EPR -3 Guidelines.
- Provide an Asthma Action Plan to patients and instruct them on how to respond to symptoms.
- Counsel patients who smoke to quit smoking and to quit use of other tobacco products. Refer them to the Montana Quit Line at 1-800- QUIT-NOW.

Report Highlights: Asthma among adults enrolled in Medicaid

- Asthma prevalence is higher among people with lower incomes.
- People with asthma and lower incomes are less likely to have well-controlled asthma.
- Adults with asthma enrolled in Medicaid in Montana have a higher frequency of daytime asthma symptoms and ED visits.